OFFICE OF THE SHERIFF Contra Costa County 500 Court St., 2nd Flr. Martinez, CA 94553 925-335-1590

## REQUEST FOR RELEASE OF JUVENILE CASE INFORMATION

Juvenile records are confidential under State and local law. In order to obtain information regarding a juvenile case you must complete this request form for the Contra Costa County Juvenile Court Judge. (Address) hereby request the release of Contra Costa County Sheriff report number containing the juvenile suspect's name and address, which occurred on Your interest in the case: □ I was the victim and I need this information in order to seek restitution from the suspect and/or his parents through the filing of a claim or civil suit. □ Parent/Guardian of victim. Victim's Name □ Insurance company representing victim. Victim's Name Attorney representing victim, Victim's Name □ Other (specify) I UNDERSTAND AND AGREE THAT THIS INFORMATION. IF RELEASED TO ME. WILL ONLY BE USED TO SEEK, IN A LEGAL MANNER, RESTITUTION FOR DAMAGES I HAVE SUFFERED. I WILL NOT RELEASE THIS REPORT OR INFORMATION (TO ANY PARTIES) NOR WILL I USE IT FOR ANY OTHER PURPOSE WHICH IS IN VIOLATION OF T.N.G. V. SUPERIOR COURT SAN FRANCISCO (1971) 4c. 3d 767 Signature – Police Department Witness Signed Under Penalty Of Perjury in the presence of SO Employee DATE RECEIPT# DATE Notice to Application: Upon completion of this form and payment made for SO report copies, plus postage, the Office of the Sheriff will mail all documents to the Judge of the Juvenile Court, Superior Court, P.O. Box 911, Martinez, CA 94553. Upon review of this request form and the police report, the Juvenile court Judge will mail you whatever the Court deems appropriate to release. The Juvenile Court Judge will keep one copy of this form for their records and return a copy to the Office of the Sheriff advising of the action taken. Documents forwarded by: Signature (Sheriff's Office Employee) Date Signature – Juvenile Court Judge Date Contra Costa County □ Information Released Print Name

INSTRUCTIONS TO SUPERIOR COURT: PLEASE RETURN THE REPORT AND SIGNED FORM TO CCCSO RECORDS, 500 COURT ST,  $2^{\rm ND}$  FLR, MTZ. THANK YOU.

□ Information NOT Released